

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application

Inventors: Krivokapic et al  
SC/Serial No.: 09/711,445  
Confirm. No.: 7218  
Filed: November 13, 2000  
Title: SELF-ALIGNED TRIPLE GATE SILICON-ON-  
INSULATOR DEVICE

PATENT APPLICATION

Art Unit: 2811  
Examiner: Owens, Douglas W.

Customer No. 23910

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Art Unit 2811, Alexandria, VA 22313-1450, on October 6, 2003.

Stephen R. Bachmann (Attorney Signature)  
Stephen R. Bachmann, Reg. No. 50,806  
Signature Date: October 6, 2003

RESPONSE TRANSMITTAL LETTER

Commissioner for Patents  
P.O. Box 1450  
Art Unit 2811  
Alexandria, VA 2213-1450

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

- ☒ A Response under 37 C.F.R. §1.111 to the Office Action dated June 4, 2003.
- ☐ A Response under 37 C.F.R. §1.116 to the Office Action dated \_\_\_\_.
- ☒ A Petition for an Extension of Time under 37 C.F.R. §1.136.
- ☐ A Statement pursuant to 37 C.F.R. §1.27 to establish small entity status under 37 C.F.R. §1.9(f).
- ☐ An Information Disclosure Statement pursuant to 37 C.F.R. §1.56.

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OCT 09 2003  
OFFICE OF PETITIONS

The fee associated with this communication has been calculated as shown below:

- \_\_\_\_\_ No fee is required with this communication.
- \_\_\_\_\_ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established.
- ☒ A fee for extension of time for response under 37 C.F.R. §1.136 filed within 1 month(s) after the original time for response of \$ 110.00 is due.
- \_\_\_\_\_ A fee of \$180.00 is due for the submission of the accompanying Information Disclosure Statement.
- \_\_\_\_\_ A fee for addition of claims under 37 C.F.R. §1.16 is due as follows:

Claims Remaining After Amendment	Highest Previously Paid For	Number Extra	Rate Small Entity/ Other Than Small Entity
Total			\$ 9.00
Claims <u>9</u>	- <u>21</u>	= <u>0</u> *	\$18.00 = \$0.00
Independent			\$42.00
Claims <u>1</u>	- <u>2</u>	= <u>0</u> *	\$84.00 = \$0.00
First Presentation of			\$140.00
Multiple Dependent Claim(s) <u>0</u>			\$280.00 = \$0.00

\*If the difference is less than zero, enter "0".

Additional Fee = \$0.00

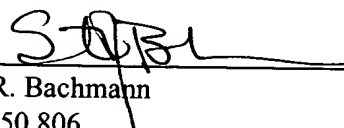
The total fee required with this communication is \$110.00 and is to be paid as follows:

- \_\_\_\_\_ Please charge Deposit Account No. 06-1325 in the amount of \$ \_\_\_\_\_. A duplicate copy of this authorization is enclosed.
- ☒ A check in the amount of \$110.00 is enclosed.

- ☒ The Commissioner is hereby authorized to charge underpayment of any fees, including the following fees, associated with this communication or credit any overpayment to Deposit Account No. 06-1325. A duplicate copy of this authorization is enclosed.
- ☒ Any filing fees under 37 C.F.R. §1.16 for the presentation of additional claims.
- ☒ Any patent application processing fees under 37 C.F.R. §1.17 including any applicable fee for extension of time.

Respectfully submitted,

Date: October 6, 2003

By:   
Stephen R. Bachmann  
Reg. No. 50,806

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